Complete Summary

GUIDELINE TITLE

Adult preventive services (ages 50 – 65+).

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Adult preventive services (ages 50-65+). Southfield (MI): Michigan Quality Improvement Consortium; 2005 Jul. 1 p.

GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Preventable diseases and conditions, such as

- Overweight/obesity
- Hypertension
- Dyslipidemia
- Diabetes Mellitus
- Osteoporosis
- Colorectal cancer
- Glaucoma
- Cervical cancer
- Breast cancer
- Prostate cancer
- Tetanus

- Diphtheria
- Influenza
- Pneumonia

GUIDELINE CATEGORY

Prevention
Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the management of adult preventive services (ages 50 to 65+) through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of adult preventive services (ages 50 to 65+) to improve outcomes

TARGET POPULATION

- Adult patients ages 50 to 64 years
- Adult patients age 65+

INTERVENTIONS AND PRACTICES CONSIDERED

Screening/Prevention

1. Health maintenance exam including height and weight; risk evaluation and counseling (e.g., nutrition, physical activity, tobacco use, sexual health); safety assessment (e.g., domestic violence, seat belts, firearms); behavioral assessment (e.g., depression, suicide threats, alcohol/drug use)
2. Blood pressure measurement
3. Screening for the following diseases/conditions:
    - Dyslipidemia
    - Diabetes mellitus
    - Osteoporosis
    - Colorectal cancer

- Glaucoma
- Cervical cancer
- Breast cancer
- Prostate cancer

4. Immunizations (tetanus-diphtheria [Td] booster, influenza, pneumonia)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation committee members for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Health Assessment Screening, History, and Counseling

Ages 50 to 64 years: One health maintenance exam (HME) every 1 to 3 years according to risk status [D]

Age 65+ years: One HME at least every 2 years

Each HME should include:

- Height, weight, and body mass index (BMI)
- Risk evaluation and counseling (nutrition, overweight/obesity, physical activity, dental health, tobacco use [A], immunizations, human immunodeficiency virus (HIV) prevention [B], sexually transmitted diseases prevention [B] and sexual health, sexual abuse, polypharmacy including over-the-counter and herbal preparations when appropriate, sun exposure)
- Safety (domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors)
- Behavioral assessment (depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills)

Blood Pressure Measurement [A]

Ages 50 to 65+ Years

At every office visit and, at minimum, every 2 years. If blood pressure (BP) 120/80 or higher and/or presence of risk factors, more frequent monitoring is recommended.

Cholesterol and Lipid Screening [B]

Ages 50 to 65+ Years

Measure a complete fasting lipoprotein profile (i.e., total cholesterol, low-density lipoprotein cholesterol [LDL-C], high-density lipoprotein cholesterol [HDL-C], and triglycerides) every 5 years if initial test is normal in low-risk adults. If multiple risk factors are present, more frequent measurements are recommended.

Diabetes Mellitus Screening [C]

Ages 50 to 65+ Years

Fasting plasma glucose (FPG) every 3 years and at clinical discretion

Osteoporosis Screening [C]

Ages 50 to 64 Years

Beginning at age 60 if high risk (e.g., smoking, weight <127 lbs., estrogen deficiency, alcoholism, personal or family history of fragility, family history of osteoporosis, age, gender, etc.): Bone mineral density (BMD) test once for initial diagnosis, repeat test not more frequent than every 2 years (per Michigan Quality Improvement Consortium [MQIC] Osteoporosis guideline).

Age 65+ Years

Women age >65 regardless of risk factors

Colorectal Cancer Screening [B] for Average Risk Adults

Ages 50 to 65+ Years

Fecal occult blood test (FOBT) annually and/or sigmoidoscopy every 5 years; or double contrast barium enema every 5 years; or colonoscopy every 10 years

Glaucoma Screening [C]

Ages 50 to 64 Years

No requirement unless high risk (e.g., age over 45, family history, elevated intraocular pressure, African Americans, diabetics, people with myopia, long-term steroid use, previous eye injury); screen annually if high risk

Age 65+ Years

Every 2 years; screen annually if high risk

Cervical Cancer Screening [A] Pap Smear

Ages 50 to 64 Years

At least every 3 years, unless high risk (i.e., history of abnormal Pap results, sexually transmitted diseases, or HIV; sexual activity before age 18 or multiple partners; vaginal spotting or bleeding between periods, after intercourse, or after menopause; tobacco use)

Age 65+ Years

May discontinue after age 65, based on clinical judgement according to risk status

Mammography [A] and Clinical Breast Exam [C]

Ages 50 to 70 years: Every 1 to 2 years

Age 70+ years: Shared decision-making after age 70

Prostate Cancer Screening [D]

Ages 50 to 65 years: Shared decision-making

Immunizations

Tetanus-diphtheria (Td) Booster [A]

Ages 50 to 65+ Years

Every 10 years

Influenza [B]

Ages 50 to 65+ Years

Annually

Pneumonia [B]

Ages 50 to 64 Years

No requirement, unless high risk

Age 65+ Years

Once at age 65; booster may be needed after 5 years

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on several sources, including: The Guide to Clinical Preventive Services 2005, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov), and the 2001 National Cholesterol Education Program (NCEP) Expert Panel Report on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) (www.nhlbi.nih.gov).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for adult preventive services (ages 50 to 65+), Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine

- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline is based on several sources, including: The Guide to Clinical Preventive Services 2005, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the 2001 National Cholesterol Education Program (NCEP) Expert Panel Report on Detection, Evaluation and Treatment of High Blood Cholesterol In Adults (Adult Treatment Panel III) (www.nhlbi.nih.gov).

DATE RELEASED

2005 Jul

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health, and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Not available at this time.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on November 28, 2005. The updated information was verified by the guideline developer on December 19, 2005.

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